

STUDENT ENROLMENT FORM 2008 - 2009

PERSONAL INFORMATION (Please enter name as you would like it to appear on Examination Certificates.)		Student ID
Surname	Forename	Title
Date of Birth	Email	
Home Address (Note: all correspondence will go to this address)		
Postcode		
Home Contact No.	Mobile Contact No.	Nationality
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	National Insurance Number	
Next of Kin Name	Relationship to Student	Next of Kin Contact No.

COURSE INFORMATION				
	Course Title	Course Code	Day-Time	Start Date
1				
2				
3				
4				
5				

<p>PERSONAL INFORMATION</p> <p>Kilcooley Women's Group welcomes enrolments from people with learning difficulties and/or disabilities. Please complete the details in the box below. If you require additional learning support, please ensure that you contact the centre on 028 9147 8292.</p> <p>Do you have a disability of medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No (If 'yes', complete the section below. If 'no', go to next section)</p> <p> <input type="checkbox"/> Dyslexia <input type="checkbox"/> Vision Impairment <input type="checkbox"/> Mobility <input type="checkbox"/> Hearing Difficulty <input type="checkbox"/> Medical Condition (E.g. Diabetes, Epilepsy, Asthma) <input type="checkbox"/> Learning Difficulties <input type="checkbox"/> Mental Health Difficulty <input type="checkbox"/> Speech Difficulty <input type="checkbox"/> Physical Difficulty </p> <p>Other (Please State):</p>

<p>EXAMINATION DETAILS</p> <p>Please record details of your highest level of qualification</p> <p>Name of qualification:</p> <p>Awarding Body:</p> <p>NVQ Level: Grade Achieved:</p>

<p>Creche Facilities</p> <p>Do you require creche facilities <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name Age</p>
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MONITORING INFORMATION

This information will be treated in the strictest confidence and in accordance with the Data Protection Act.

Marital Status (Please tick one box)

Single Married/Co-Habiting Separated/Divorced Widowed

Number of Dependants (Please tick one box)

Under 17 year of age Under 19 in Full-time education Adult None
 (please enter number) (please enter number) (please enter number)

Employment Status (Please tick one box)

Economically Inactive (not in work and not looking for work) Employed Full-time Employed Part-time Unemployed

Community Background (Please tick one box)

Catholic Protestant Other Christian Non Christian Non religion Not stated

Ethnicity (Please tick one box)

White Black Caribbean Black African Black Other Indian Pakistani
 Bangladeshi Chinese Other Information refused /not known Irish Traveller Mixed Other

MARKETING INFORMATION

Please indicate how you heard about the course(s) you have applied for.

Friend Careers Teacher Information Day Prospectus Radio Website
 Course Tutor Newspaper Television Other (please state)

NAME OF PREVIOUS SCHOOL OR COLLEGE

School/College Location

SPECIFIC ENHANCEMENTS

The group receives funds to support learning across all sections of the community, and in some cases is eligible for reduced fees. Reduced fees are applicable to those in receipt of certain benefits. In order for the reduced fee to be applied, appropriate evidence as specified in the following table, must be produced at the enrolment stage (photocopies are acceptable).

Please tick relevant box below. NOTE: The information displayed below may be subject to change.		For completion by Staff only	
I am in receipt of the following:	Evidence	Evidence viewed by	Evidence attached Y/N
<input type="checkbox"/> Income Support	A copy of your SSA letter of current entitlement displaying your claim reference number or Confirmation of Receipt of Benefit Letter.		
<input type="checkbox"/> Income Based Jobseeker's Allowance (JSA) only	A copy of your SSA letter of current entitlement or Receipt of Benefit Letter.		
<input type="checkbox"/> Working Tax Credit (WTC) (Incorporating Disabled Persons Tax Credit) for earnings below £16,033 (Subject to change).	A copy of your NHS Exemption Certificate or a copy of your Award Notice: (Form TC602) confirming income below £16,033.		
<input type="checkbox"/> Guaranteed Pension Credit	A copy of your Guaranteed Pension Credit letter of entitlement.		

STUDENT SIGNATURE

I declare that all the information provided on this form is correct and I undertake to pay all tuition and other fees due to the group in relation to this enrolment(s).

Signature: Date:

DATA PROTECTION I declare that the information I have provided is correct. I am aware that KWC reserves the right to withdraw or cancel any course at any time and shall have no claim against KWC in such event except for repayment of fees paid. I understand the information provided by me will be handled in accordance with the Data Protection Act 1998 and may appear on Examination Certificates awarded to me. I also agree to notify the college of any changes to my personal details. KWC adheres to the principles of Data Protection legislation.

KWC may wish to contact you for research purposes or to offer other education products. If you have an objection to this, please tick here.

FOR OFFICE USE ONLY

Fees
 Funded by
 FCR/MS
 Awarding Body
 Payment Received MF Paid Yes

Staff signature:

Date: